

County: Brown
JEFFERSON MANOR-FDD
436 SOUTH JEFFERSON STREET

Facility ID: 4641

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GREEN BAY 54301 Phone:(920) 431-7181
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 31
Total Licensed Bed Capacity (12/31/02): 31
Number of Residents on 12/31/02: 26

Ownership: Non-Profit Corporation
Highest Level License: FDDs
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 27

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | | | | Length of Stay (12/31/02) | | % |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 7.7 |
| Supp. Home Care-Personal Care | No | ----- | | ----- | | 1 - 4 Years | | 30.8 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 100.0 | Under 65 | 76.9 | More Than 4 Years | | 61.5 |
| Day Services | No | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 3.8 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 0.0 | 75 - 84 | 11.5 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 7.7 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 0.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 0.0 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/02) | | |
| Other Meals | No | Cardiovascular | 0.0 | 65 & Over | 23.1 | ----- | | |
| Transportation | No | Cerebrovascular | 0.0 | | ----- | RNs | | 0.0 |
| Referral Service | No | Diabetes | 0.0 | Sex | % | LPNs | | 14.8 |
| Other Services | No | Respiratory | 0.0 | ----- | | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 50.0 | Aides, & Orderlies | | 44.5 |
| Mentally Ill | Yes | | ----- | Female | 50.0 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | | |
|------------------------|-----|-----|------------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 26 | 100.0 | 122 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 26 | 100.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 26 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 26 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|-------------------------|--------------------------------------|---------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | | |
| | | ----- | | | | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total |
| | | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Number of Residents |
| Private Home/No Home Health | 33.3 | | | | | |
| Private Home/With Home Health | 0.0 | Bathing | 23.1 | 76.9 | 0.0 | 26 |
| Other Nursing Homes | 0.0 | Dressing | 30.8 | 69.2 | 0.0 | 26 |
| Acute Care Hospitals | 0.0 | Transferring | 30.8 | 69.2 | 0.0 | 26 |
| Psych. Hosp.-MR/DD Facilities | 66.7 | Toilet Use | 30.8 | 69.2 | 0.0 | 26 |
| Rehabilitation Hospitals | 0.0 | Eating | 30.8 | 69.2 | 0.0 | 26 |
| Other Locations | 0.0 | ***** | | | | |
| Total Number of Admissions | 3 | Continence | | % | Special Treatments | % |
| Percent Discharges To: | | Indwelling Or External Catheter | | 0.0 | Receiving Respiratory Care | 0.0 |
| Private Home/No Home Health | 25.0 | Occ/Freq. Incontinent of Bladder | 30.8 | | Receiving Tracheostomy Care | 0.0 |
| Private Home/With Home Health | 25.0 | Occ/Freq. Incontinent of Bowel | 7.7 | | Receiving Suctioning | 0.0 |
| Other Nursing Homes | 0.0 | | | | Receiving Ostomy Care | 0.0 |
| Acute Care Hospitals | 0.0 | Mobility | | | Receiving Tube Feeding | 0.0 |
| Psych. Hosp.-MR/DD Facilities | 50.0 | Physically Restrained | | 0.0 | Receiving Mechanically Altered Diets | 0.0 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 0.0 | Skin Care | | | Other Resident Characteristics | |
| Deaths | 0.0 | With Pressure Sores | | 0.0 | Have Advance Directives | 100.0 |
| Total Number of Discharges | | With Rashes | | 3.8 | Medications | |
| (Including Deaths) | 4 | | | | Receiving Psychoactive Drugs | 96.2 |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | This Facility | FDD Facilities | Ratio | All Facilities | Ratio |
|--|---------------|----------------|-------|----------------|-------|
| | % | % | | % | |
| ----- | | | | | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 87.1 | 83.9 | 1.04 | 85.1 | 1.02 |
| Current Residents from In-County | 30.8 | 38.2 | 0.81 | 76.6 | 0.40 |
| Admissions from In-County, Still Residing | 66.7 | 18.5 | 3.60 | 20.3 | 3.28 |
| Admissions/Average Daily Census | 11.1 | 20.3 | 0.55 | 133.4 | 0.08 |
| Discharges/Average Daily Census | 14.8 | 23.6 | 0.63 | 135.3 | 0.11 |
| Discharges To Private Residence/Average Daily Census | 7.4 | 9.8 | 0.76 | 56.6 | 0.13 |
| Residents Receiving Skilled Care | 0.0 | 0.0 | 0.00 | 86.3 | 0.00 |
| Residents Aged 65 and Older | 23.1 | 15.3 | 1.51 | 87.7 | 0.26 |
| Title 19 (Medicaid) Funded Residents | 100.0 | 99.2 | 1.01 | 67.5 | 1.48 |
| Private Pay Funded Residents | 0.0 | 0.6 | 0.00 | 21.0 | 0.00 |
| Developmentally Disabled Residents | 100.0 | 99.5 | 1.00 | 7.1 | 14.08 |
| Mentally Ill Residents | 0.0 | 0.4 | 0.00 | 33.3 | 0.00 |
| General Medical Service Residents | 0.0 | 0.1 | 0.00 | 20.5 | 0.00 |
| Impaired ADL (Mean)* | 35.4 | 54.0 | 0.66 | 49.3 | 0.72 |
| Psychological Problems | 96.2 | 48.2 | 2.00 | 54.0 | 1.78 |
| Nursing Care Required (Mean)* | 0.5 | 11.3 | 0.04 | 7.2 | 0.07 |